SAMARITAN HEALTH CENTER
531 EAST WASHINGTON STREET

WEST BEND 53095 Phone: (262) 335-4500 Ownership: County Operated from 1/1 To 12/31 Days of Operation: 365 Skilled Highest Level License: Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/03): 228 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/03): 228 Title 19 (Medicaid) Certified? Yes 211 Number of Residents on 12/31/03: Average Daily Census: 216

Services Provided to Non-Residents	Age, Gender, and Primary Di	agnosis	of Residents (	12/31/03)	Length of Stay (12/31/03)	용	
Home Health Care No   Supp. Home Care-Personal Care No				-	용 		19.9 46.0
Supp. Home Care-Household Services Day Services	No No	Developmental Disabilities Mental Illness (Org./Psy)		Under 65   65 <b>-</b> 74	3.8 10.0		25.1
Respite Care		Mental Illness (Other)		75 - 84	29.4		91.0
Adult Day Care Adult Day Health Care	No	Alcohol & Other Drug Abuse   Para-, Quadra-, Hemiplegic	0.0	85 - 94   95 & Over	11.8	Full-Time Equivalent	
Congregate Meals Home Delivered Meals	Yes	Cancer   Fractures				(12/31/03)	
Other Meals Transportation		Cardiovascular   Cerebrovascular		65 & Over 		RNs	7.1
Referral Service Other Services	No No	Diabetes   Respiratory		Gender 			10.3
Provide Day Programming for		Other Medical Conditions	0.0	Male	27.5	Aides, & Orderlies	39.5
Mentally Ill Provide Day Programming for	No	 	100.0	Female 	72.5	1	
Developmentally Disabled	Yes	'   	****	'   	100.0	'   	

## Method of Reimbursement

		edicare itle 18			edicaid itle 19		Other			Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	양	Per Diem (\$)	No.	용	Per Diem (\$)	No.	୍ବ	Per Diem (\$)	Total Resi- dents	- Of	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	1	2.2	194	0	0.0	0	0	0.0	0	1	0.5	
Skilled Care	19	100.0	344	127	86.4	127	0	0.0	0	39	86.7	179	0	0.0	0	0	0.0	0	185	87.7	
Intermediate				17	11.6	104	0	0.0	0	5	11.1	167	0	0.0	0	0	0.0	0	22	10.4	
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled				3	2.0	189	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	1.4	
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	19	100.0		147	100.0		0	0.0		45	100.0		0	0.0		0	0.0		211	100.0	

Admissions, Discharges, and	I	Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of	12/31/03			
Deaths During Reporting Period	% Needing									
Percent Admissions from:	, i	Activities of	왕		sistance of	% Totally	Total Number of			
Private Home/No Home Health	12.2	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents			
Private Home/With Home Health	1.7	Bathing	3.3		56.9	39.8	211			
Other Nursing Homes	19.1	Dressing	7.1		63.0	29.9	211			
Acute Care Hospitals	60.0	Transferring	23.2		54.5	22.3	211			
Psych. HospMR/DD Facilities	0.0	Toilet Use	18.0		47.9	34.1	211			
Rehabilitation Hospitals	0.9	Eating	58.8		28.0	13.3	211			
Other Locations	6.1	*****	******	*****	*****	*****	*****			
Total Number of Admissions	115	Continence		용	Special Treatmen	ts	%			
Percent Discharges To:	I	Indwelling Or Extern	nal Catheter	5.7	Receiving Resp	iratory Care	4.3			
Private Home/No Home Health	8.7	Occ/Freq. Incontine	nt of Bladder	61.6	Receiving Trac	heostomy Care	0.0			
Private Home/With Home Health	4.0	Occ/Freq. Incontiner	nt of Bowel	27.5	Receiving Suct	ioning	0.0			
Other Nursing Homes	1.6	_			Receiving Osto	my Care	2.4			
Acute Care Hospitals	5.6	Mobility			Receiving Tube	Feeding	3.8			
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	1.4	Receiving Mech	anically Altered Da	iets 35.5			
Rehabilitation Hospitals	0.0				_	<del>-</del>				
Other Locations	7.1	Skin Care			Other Resident C	haracteristics				
Deaths	73.0	With Pressure Sores		4.3	Have Advance D	irectives	96.7			
Total Number of Discharges	i	With Rashes		6.2	Medications					
(Including Deaths)	126 i				Receiving Psyc	hoactive Drugs	54.5			

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	Gove	ernment	2	00+	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	용 -	%	Ratio	%	Ratio	8	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	94.7	95.1	1.00	86.1	1.10	86.6	1.09	87.4	1.08
Current Residents from In-County	86.7	84.7	1.02	79.8	1.09	84.5	1.03	76.7	1.13
Admissions from In-County, Still Residing	47.0	45.4	1.03	24.0	1.95	20.3	2.31	19.6	2.39
Admissions/Average Daily Census	53.2	55.4	0.96	118.5	0.45	157.3	0.34	141.3	0.38
Discharges/Average Daily Census	58.3	58.5	1.00	120.4	0.48	159.9	0.36	142.5	0.41
Discharges To Private Residence/Average Daily Census	7.4	11.5	0.65	34.8	0.21	60.3	0.12	61.6	0.12
Residents Receiving Skilled Care	88.2	88.9	0.99	91.2	0.97	93.5	0.94	88.1	1.00
Residents Aged 65 and Older	96.2	95.3	1.01	90.2	1.07	90.8	1.06	87.8	1.10
Title 19 (Medicaid) Funded Residents	69.7	68.9	1.01	62.8	1.11	58.2	1.20	65.9	1.06
Private Pay Funded Residents	21.3	23.2	0.92	20.6	1.04	23.4	0.91	21.0	1.02
Developmentally Disabled Residents	1.4	0.7	1.92	0.9	1.62	0.8	1.68	6.5	0.22
Mentally Ill Residents	10.4	29.1	0.36	32.9	0.32	33.5	0.31	33.6	0.31
General Medical Service Residents	0.0	12.1	0.00	20.1	0.00	21.4	0.00	20.6	0.00
Impaired ADL (Mean)	53.1	51.1	1.04	51.2	1.04	51.8	1.02	49.4	1.07
Psychological Problems	54.5	59.0	0.92	61.5	0.89	60.6	0.90	57.4	0.95
Nursing Care Required (Mean)	7.0	6.3	1.11	7.6	0.93	7.3	0.97	7.3	0.96